UTILITY **PATENT APPLICATION**

Attorney Docket No.	NIAD-214.1 US
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10 First Inventor or Application Identifier JACOBSON et al

	≡ .	TRANSMITTAL	Title METHODS AND COMPOSITIONS USEFUL IN ENHANCING OXYGEN DELIVERY TO CERTS				EKG							
		www.nonprovisional applications under 37 C.F.R. § 1.53(b))	Express Mail Label No. EL649533854US				34							
		APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application co	ntents.			AD	DRES	SS TO:	Assistant Commissioner for Box Patent Application Washington, DC 20231	Patents			160	
×]	*Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	_			6.		Microfic	che Computer Program	(Appen	dix)		n	
. 🗵]	Specification Total Pages (preferred arrangement set forth below)		12		7.			nd/or Amino Acid Seque necessary)	ence Su	bmission			
		- Descriptive title of the Invention					a.		Computer Readable C	Сору				
		- Cross References to Related Applications					b.		Paper Copy (identical	to com	puter copy)			
		- Reference of Microfiche Appendix					C.		Statement verifying id	entity of	f above copie	S		
		- Background of the Invention							ACCOMPANYING	APPLI	CATION PAR	RTS		
ķ.		- Brief Summary of the Invention				8.		Assigni	ment Papers (cover she	et & do	cument(s))			
		- Brief Description of the Drawings (if filed)				9.			R.§3.73(b) Statement there is an assignee)			Power of A	ttomey	,
		- Detailed Description				10.		English	Translation Document	(if appli	icable)			
		- Claim(s)				11.			ation Disclosure Stateme TO-1449	ent		Copies of I	DS Cit	ations
: :		- Abstract of the Disclosure				12.		Prelimi	nary Amendment					
Z]	Drawing(s) (35 U.S.C. 113) Total Sheets	;	4		13.	Ø		Receipt Postcard (MPE t be specifically itemized					
×	3	Oath or Declaration Total Pages		3		14.			Entity Statement(s) B/09-12)	X	Statement application desired			r and
	a.	Newly executed (original or copy)				15.		Certifie	d Copy of Priority Docum	ment(s)				
[=}	b.	Copy from a prior application (37 C.F.R. § 1.63) (for continuation/divisional with Box 17 completed)	(d))			16.	\boxtimes	Other:	Check For Filing Fe	е				
		i. DELETION OF INVENTOR(S												
-		Signed statement attached de named in the prior application												
* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY Section Pay Reference (months if Rev 4 in shorter) FEES, A SMALL ENTITY STSTEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF						TITY ≣PT IF								
г	7	Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a declaration is supplied under Box 4b, is considered to be a				ON	E FIL	.ED IN A	PRIOR APPLICATION	IS REL	LIED UPON (37 C.F.R. § 1	1.28)	
-	_	declaration is supplied under Box 46, is considered to be a disclosure of the accompanying application and is hereby in reference therein.	•								_			
17. If	a C	ONTINUING APPLICATION, check appropriate box, and suppl	y the requi	isite informat	ion be	low an	nd in a	preliminar	y amendment:					
_ [Continuation Divisional Continuation	n-in-part ((CIP)			of prid	or applica	ation No:					
Pi	rior	application information: Examiner:							Group / Art Unit:					
			18. C	ORRESPO	NDE	NCE	ADD	RESS						

 \boxtimes Customer Number or bar code label or Correspondence address below (Insert Customer No. or Attach bar code label here)

Name Fulbright & Jaworski LLP 666 Fifth Avenue Address ZIP Code 10103 City State New York New York Telephone 212-318-3000 Fax 212-318-3400 USA Country

30,946 Registration No. (Attorney/Agent) Name (Print/Type) Norman D. Hanson

Date April 12, 2001 Signature

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		Complete if Known
	Application Number	To be assigned
FEE TRANSMITTAL	Filing Date	Herewith
	First Named Inventor	JACOBSON
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	NIAD-214.1

FEE CALCULATION

(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$355.00
TOTAL CLAIMS	16- 20 =	0	x 18/9.00	\$ 0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 78/39.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$260/130.00	
			TOTAL FEES	\$355.00

METHOD OF PAYMENT

Please charge Deposit Account No. 50-0624 in the amount of \$_____

A check for \$355.00 is enclosed to cover the cost of the Application filing fee.	
The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing	of
this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.	

SUBMITTED E	BY:	Complete (if applicable)
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature	hasmush Date: April 12, 2001	Deposit Account No. 50-0624

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